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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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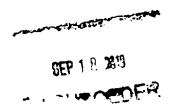
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SECTION 19 SEP - 19 PM 2: 22



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Multi Ser Name of Limi	vice LLC led Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for tiling.	
Please return all correspo	indence concerning this matter	to the following:	
	/	Maria Oradu	<u>څ</u>
		Name of Person C Multi Servi Firm/Company	
		7428 Herrick	s loop
		Orlando FL City/State and Zip Code	
	E-mail address: ()	o be used for future annual report notif	
For further information c	oncerning this matter, please or	ill:	
Maria Name o	Quddus.	at (<u>407</u>) <u>272</u> Area CodeDay time	7 - 2330 Telephone Number
Enclosed is a check for th	ne following amount:		
\$25 00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QC Muth Service	es UC
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Efforida document number <u>£19000187594</u> .	07/33/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET ADDRESS)	
	ASSECTION PH
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, <u>enter the name of the ne</u>
New Registered Office Address:	
	lorida street address
	Florida
Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name Address Type of Action Walerio B Chaggs 7428 Herricks Loop ☐ Remove _□ Change Managing Maria Quddus 7428 Harricks Loop Member Orlando, FL 32835 Change Managing Walerio B Chags. 7428 Herricks Loop Add Orlando, FL 32835 Remove Manager Mateen Quddus 7428 Herricks Loop Change _□ Add □ Remove □ Change □ Add ☐ Remove Change

	
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ctive date, if other than the date of filing:	(optional)
effective date is fisted, the date must be specific and cranot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor insert's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605,020 ry filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier of
ie 90th day after the record is filed	
d 09/04/2019	
d 09/04/3019 Signature of a me ober or authorized represent	
Nighalure of a member or authorized represen	ntative of a member

Page 3 of 3

Filing Fee: \$25.00